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Date: 11-9-99

To: Technology Center 2700

From: Dora Stroud, Supervisor  
OIPE Customer Service  
Charge Location 0350

Subject: Customer Requests

Serial Number: 09/318105

File Location: QRP 2700

2762

The attached request for a corrected file receipt has been completed. Please forward the case to OIPE, Customer Service, CP2-6<sup>th</sup> Floor.

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SERIAL NUMBER 09/318,105	FILING DATE 05/24/99	CLASS 395	GROUP ART UNIT 2762	ATTORNEY DOCKET NO. PAS-094
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APPLICANT EMMANUEL GERLOVIN, WAYLAND, MA; DMITRIY SHKOLNIK, ANDOVER, MA; JOSE A. COR GRANITO, STONEHAM, MA.

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*  
VERIFIED

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*  
VERIFIED

\*\*FOREIGN APPLICATIONS\*\*\*\*\*  
VERIFIED

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 06/23/99

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY MA	SHEETS DRAWING 10	TOTAL CLAIMS 26	INDEPENDENT CLAIMS 5
Verified and Acknowledged Examiner's Initials _____ Initials _____					

SEE CUSTOMER NUMBER: 000959

ADDRESS

TITLE

PARAMETRIC EXCHANGE OF DATA BETWEEN A MODELING SYSTEM AND AN EXTERNAL APPLICATION PROGRAM

FILING FEE RECEIVED  \$1,154	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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